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International Application N	
International Filing Date	
Name of receiving Office and "PCT International A	Application"

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) 1151-4158PC1 Box No. I TITLE OF INVENTION ARTIFICIAL T HELPER CELL EPITOPES AS IMMUNE STIMULATORS FOR SYNTHETIC PEPTIDE IMMUNOGENS' Box No. II APPLICANT Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is also inventor. Telephone No. UNITED BIOMEDICAL INC. (516) 273-2828 25 Davids Drive Facsimile No. Hauppauge, New York 11788 (516) 273-1717 Teleprinter No. State (that is, country) of nationality: State (that is, country) of residence: US IIS This person is applicant the States indicated in the Supplemental Box all designated States all designated States except the United States of America the United States of America only for the purposes of: FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Box No. III Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only WANG, Chang Yi applicant and inventor 47 Snake Hill Road Cold Spring Harbor, New York 11724 inventor only (If this check-box is marked, do not fill in below.) State (that is, country) of nationality: State (that Is, country) of residence: US US This person is applicant all designated all designated States except the United States the States Indicated In for the purposes of: States the United States of America the Supplemental Box of America only Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf agent common representative of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Telephone No. (212) 758-4800 LIN, Maria C.H. Facsimile No. Morgan & Finnegan, L.L.P. 345 Park Avenue (212) 751-6849 New York, New York 10154 Teleprinter No.

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Box !	No.V	DESIGNATION OTTATES						
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X		European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT						
赵	OA	OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)						
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		Kazakhstan						
		Saint Lucia			South Africa			
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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant designational designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.

If the Supp

tal Box is not used, this sheet should not be inclu



1. If, in any of the Boxes, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below:
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States Indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;
- (vi) if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI;
- (vii) if, in Box No. VI, the earlier application is an ARIPO application: in such case, write "Continuation of Box No. VI", specify the number of the item corresponding to that earlier application and indicate at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed.
- 2. If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.
- 3. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty: in such case, write "Statement concerning non-prejudicial disclosures or exceptions to lack of novelty" and furnish that statement below.

Continuation of Box No. V-Designation of States

US United States of America - continuation-in-part of US
Patent Application
Serial No. 09/100,412, filed
20 June 1998 (20.06.98)

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FEE CALCULATION SHEET

Annex to the Request

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International application N	ło. ·	•	I

Applicant's or agent's							
Applicant's or agent's file reference 1151-4158PC1	Date stamp of the receiving Office						
Applicant							
UNITED BIOMEDICAL, INC., et al.							
CALCULATION OF PRESCRIBED FEES							
1. TRANSMITTAL FEE							
2. SEARCH FEE	\$ 450.00 S						
International search to be carried out by (If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)							
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Basic Fee The international application contains 132 sheets.							
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MODE OF PAYMENT							
authorization to charge deposit account (see below) bank draft	coupons						
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DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices) The RO/ US is hereby authorized to charge the total fees indicated above to my deposit account.							
(this check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my							
deposit account.							
Bureau of WIPO to my deposit account.	Maria (OX / Sing)						
13-4500 21 June 1999	0 1000 0 10000						
Deposit Account No. Date (day/month/year)	Signature Maria C.H. Lin						